

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009788

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 39

FILED MAR 27 1962

## 1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Monett

Length of stay in 1b

16 Hrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

St. Vincent's Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Barry

admission)

c. CITY

OR

TOWN

Monett

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

304 3rd. Street

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Elder

Newton

Finley

## 4. DATE OF DEATH

Month

Day

Year

March

23,

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐

## 8. DATE OF BIRTH

12-16-1885

76

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

Hours

Min.

3

7

Hours

Min.

18

5-4-3

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Frisco Clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

Frisco Railroad

## 11. BIRTHPLACE (City and state or country)

Greenfield, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Albert Finley

## 13b. MOTHER'S MAIDEN NAME

Thurza Daughtry

## 14. NAME OF HUSBAND OR WIFE

Nell Finley

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

2

## 17. INFORMANT

Mrs. Nell Finley Monett, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3-22-62, to 3-23-62 and last saw her him alive on 3-22-62

Death occurred at 9:35 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-26-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Green Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Springfield, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Mercer Funeral Home Monett, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-25-62

## 26. REGISTRAR'S SIGNATURE

Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

100 55

200 55

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 2-0

13 2-0

APR 4 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.